## Form 990

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. őOpen to Public. ⊸ Inspection չ Department of the Treasury Internal Revenue Service For the 2016 calendar year, or tax year beginning , 2016, and ending

В	Check if appl	licable	C Name of organiza	ation TH	E SIDE-OU	<u>JT</u> FOUND	DATION			D Embio	er identi	ification number	
	Address	s change	Doing business a	is						20-	2510	044	
	Name o	hange	Number and stre	et (or PO be	ox if mail is not deli	vered to street a	ddress)	Roon	n/suite	E Telepho	ne numb	per	_
	Initial re	etum	3935 UNIVE	RSITY	DRIVE					(88	8) 2	60-4398	
	Final retu	ım/terminated	City or town, stat	e or province	e, country, and ZIP	or foreign postal	code			,,,,			_
	Amende	ed return	FAIRFAX				VA	22030	)	G Gross r	eceipts	\$1,527,744.	
	H	tion pending	F Name and addre	ss of principa	al officer					a group return			— lo
	Ц .,		RICK DUNET	z 3935 iik	וועדפלודע הפוע	F FATREZ	\Y 17	A 22030	H(b) Are all	subordinates attach a list (	included		
ī_	Tax-exen	not status	X 501(c)(3)	501(c) (		nsert no )	4947(a)(1) o		If 'No,'	attach a list (	see ınstrı	uctions)	
<u>;</u> —	Website			1001(0) (		isortile /	11717(d)(1) 0	1 1027	H/c) Group	exemption nu	mhar Þ		
<del>K</del>	_	rganization	X Corporation	Trust	Association	Other >		Year of forma				egal domicile VA	_
		Summar		Trust	ASSOCIATION	Other		Year or forma	uon 200	5 m/s	State of 16	egai domicile VA	_
ra			y e the organizatio	n'e missi	on or most sign	uficant active	tion C	ANCED					_
				. <b>–</b> – –			<del></del>		RESEARC			and them work toward	,
Activities & Governance												nave them work toward clinics and other events	
nar												cer-free world.	
Ver		eck this bo			on discontinued							der lied world.	-
G			ing members of								3 I		6
<b>4</b> 5			ependent voting								4		6
ij	5 Tot	al number	of individuals em	ployed in	calendar year	2016 (Part \	/, line 2a) .				5	1	
ĭį			of volunteers (es		• •						6	1	5
¥			d business reven		•						7a	0	
	<b>b</b> Net	unrelated	business taxable	income f	rom Form 990	<u>-T, line 34 .</u>		<u></u>			7b	0	
										Prior Year		Current Year	
ē	8 Cor	ntributions	and grants (Part	VIII, line 1	1h)			• • • • • • •	•	L,394,1	12.	<u>1,5</u> 26,466	
Revenue		•	ce revenue (Part		•,							<del></del>	_
ě			come (Part VIII, o	•	• • • • • • • • • • • • • • • • • • • •	•				1,4	94.	1,278	·
ш.			(Part VIII, colum			•	•			205 (		1 507 744	_
			- add lines 8 th		<del></del>	-		(2)	<u>:                                    </u>	1,395,6		1,527,744	
			nılar amounts pa	•	, ,		. PE	CEIVE		18,4	20.	170,643	•
			o or for member							470,248.			
S			r compensation,				NOV		18 Jen			414,298	÷
Š	<b>16a</b> Pro	fessional f	undraising fees (	Part IX, co	olumn (A), line	11e)		. 2.0. 20	∵ <del>  1691</del>			* * * * * * * * * * * * * * * * * * * *	_
Expenses	<b>b</b> Tot	al fundrais	ng expenses (Pa	art IX, colu	ımn (D), line 2	5) ►		68,613				* * \ 3	
ш	<b>17</b> Oth	er expens	es (Part IX, colun	nn (A), lin	es 11a-11d, 11	lf-24e)		DEN, L	7) 🗀 📗	557,4	94.	311,864	
	<b>18</b> Tot	al expense	s Add lines 13-1	7 (must e	equal Part IX, o	olumn (A), I	ne 25)			1,046,1	62.	896,805	-
	19 Rev	venue less	expenses. Subtr	act line 18	8 from line 12					349,4		630,939	
8 8									Beginni	ing of Curre		End of Year	_
sets	<b>20</b> Tot	al assets (	Part X, line 16) .							3,184,1	-	3,369,536	-
A B	<b>21</b> Tot	al liabilities	(Part X, line 26)							479,8	313.	34,295	
žŝ	22 Net	t assets or	fund balances S	ubtract lin	ne 21 from line	20				2,704,3	302.	3,335,241	_
Pa		Signatur		. 1		-				, , , ,		-,,	Ť
Unde				ned this retur	n, including accomp	panying schedule	es and statement	ts, and to the b	est of my know	vledge and be	ief, it is ti	rue, correct, and	_
comp	lete Declara	ition of prepar	lare that I have examinar (other than office) is	based on a	Linformation of whi	ch preparer has	any knowledge		,	,			
			7/1//	<i>7</i> /\						1) /	14/	17.017	_
Sig	រវា	Signatia	e of officer	$\overline{\mathcal{A}}$					D	ate /	1		_
He		RIC	K DUNETZ	`					PRES	IDENT			
			print name and title			·						·	_
_		Print/Type p	eparer's name		Preparer's sign	nature	•	Date		Check	ıf	PTIN	_
Pa	id	KEITH	LINDAHL		1 /Ki	M. Ruu	<b>1</b> ~	11/14	/17	self-employ	 ed	P00739062	
	eparer	Firm's name		LINDA	IL CPA PL		-			1			_
	e Only	Firm's addre			ROAD SUIT					Firm's EIN	<b>&gt;</b> 20.	-8898964	
	•		CENTRE		0011		VA 201	20		Phone no		1) 277-4173	_

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/16/16

Form 990 (2016)

No

Yes

		T FOUNDATION		20-2	510044 Page 2
Par	till Statement of Progra	am Service Accom	plishments		
			o any line in this Part III		<u> </u>
1	Briefly describe the organization's	mission			
	CANCER RESEARCH				
	The Side-Out Foundation (Side	-Out)_was_established_	in 2004 to unite vol	leyball players and coaches and t	o have them work toward
	See Form 990, Page 2, Part III, L	ine 1 (continued)			
2	Did the organization undertake ar				
					·· Yes X No
	If 'Yes,' describe these new service				_
3			t changes in how it cond	ducts, any program services?	Yes X No
	If 'Yes,' describe these changes of	on Schedule O			
4	Describe the organization's progra	am service accomplishm	ents for each of its three	e largest program services, as measu f grants and allocations to others, the	red by expenses
	and revenue, if any, for each prog	gram service reported	i to report the amount of	grants and anocations to others, the	total expenses,
		•			
4 a	(Code ) (Expenses	\$ 682,360	including grants of	\$ 170,643.)(Revenue	\$ 1 395 606 )
	VOLLEYBALL TOURNAMEN				+ <u>1,333,000.</u> )
	RESEARCH.				
				<b> </b>	
				<del></del>	
				<del>-</del>	
				<del>-</del> -	·
		<del></del>			
	(Code ) (Expenses		including grants of	\$ ) (Revenue	- <u> </u>
40	(Code) (Expenses	۶	including grants of	) (Revenue	۶)
					<del>-</del>
				<b></b>	<del>-</del>
				<del>-</del> -	
			- <del>-</del>		
				<b></b>	
				<b></b>	
	(O-d-	^		^ \/D	
4 C	(Code) (Expenses	۶ 	including grants of	\$ ) (Revenue	\$)
				<del></del>	
		. <b></b>		<b></b>	
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		. <b></b>			
	<u> </u>				
4 d	Other program services (Describe				
	(Expenses \$	including gran		) (Revenue \$	)
4 e	Total program service expenses	▶ 682	,360.		

			Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
_ t	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X-
C	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	x	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

### Checklist of Required Schedules (continued) Yes No Χ 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . . . 21 Х Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 24a Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I........ Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV . . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M . . . . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . 35a Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI ............. 37 Х

BAA

38

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<del>- "</del>		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
J	b If 'Yes,' has it filed a Form 990-T for this year?	3 b		- <u></u> -
		•••		<del> </del>
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	×	Х
	b If 'Yes,' enter the name of the foreign country		d,	Į
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			Х
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_^
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь		
7		130	j . j	E.
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	1 %	XX
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	<b>4</b> 1 .		å.
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8			200	
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		Ì
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			1
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter	] 1		
	a Gross income from members or shareholders			ł
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		1
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		L
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand	1		
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	]	Х
	h If 'Vee' has it filed a Form 730 to report these paymente? If 'Ne' i provide an evaluation in Schoolide O	446		

Form	990 (2016) THE SIDE-OUT FOUNDATION 20-2510044		Р	age 6
Pař	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	ın		
	Check if Schedule O contains a response or note to any line in this Part VI	· · ·		. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	-		
	Enter the number of voting members included in line 1a, above, who are independent	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
_		$\vdash$		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6 7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			94 2000 400 400 400 400 400 400 400 400 4
а	The governing body?	8 a	X	-
b	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.	
		_	Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		,	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)		_	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	-	X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
	organization's exempt status with respect to such arrangements?	16 b		Щ_
	tion C. Disclosure		_	
	List the states with which a copy of this Form 990 is required to be filed ► Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply  Own website.   Another's website.   Upon request.  Other (explain in Schedule O)	avaılab	le	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	le to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	·	03) (	515-	8740

Form 990 (2016)	THE	CIDE-OUT	FOUNDATION
FUIII 330 (2010)	THE	SIDE-OUT	FOUNDATION

20-2510044

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Part VII	Compensation	of Officers.	Directors,	Trustees.	Key Employees	Highest	Compensated	Employees,	and
	Independent C	ontractors <sup>*</sup>	•	•			•		_

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any rela	ated organi	zatio	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Trtle	(B) Average hours	i thar	one both	box, i an o	ot che unless fficer	ck mon s perso and a ee)	n	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICK DUNETZ	40.00	X		Х				05 400	0.	0
EXECUTIVE DIRECTOR  (2) BRYANT DUNETZ  COO/SECRETARY	15.00		_	x	-	-	1	85,423.	0:	0.
(3) RICHARD ALDER DIRECTOR	5.00	Х						0.	0.	0.
_(4)_ DR CECILE REYNAUD DIRECTOR	5.00	Х						0.	0.	0.
	5.00	Х						0.	0.	0.
	5.00	Х						0.	0.	0.
(7) DAN EHRMAN DIRECTOR	500	х						0.	0.	0.
_(9)										
(10)										
(11)									;	
(12)										
(13)										
(14)								_		

per   officer and a director/trustee)   compensation from   com	(E) Reportable pensation from ed organizations -2/1099-MISC)	Ës	<b>(F</b> )	
(list any long)   Company   Company	-2/1099-MISC)		timated int of oth pensatio	ner
week (list any hours for related organiza - uons below dotted line)  week (list any hours for related organiza - uons below dotted line)  week (list any hours for related organiza - uons below dotted line)  related organiza - uons below dotted line)  related organiza (w. 2/1099-Milsc)  related (w. 2/1099-Milsc)  related (w. 2/1099-Milsc)		fro orga and	om the anization d related anization	n I
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				
(25)				
1 b Sub-total	0.			0.
c Total from continuation sheets to Part VII, Section A	0.	<u>-</u>		0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of from the organization ▶		pensat	ion	
			Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employe on line 1a? If 'Yes,' complete Schedule J for such individual		3	<u> </u>	Х
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual		4		<u>X</u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person				X
Section B. Independent Contractors				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,00 compensation from the organization. Report compensation for the calendar year ending with or within the organ.	00 of lization's tax yea	r		
(A) Name and business address  (B) Description of serv	rices (	Compe	C) nsatio	ıп 
<ul> <li>Total number of independent contractors (including but not limited to those listed above) who received more tha</li> <li>\$100,000 of compensation from the organization</li> </ul>	in			

L		Check if Schedule O con		espor	nse or note to any lir	ne in this Part VIII .			[
				•	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts		Federated campaigns	_ ⊢	1 a					
ìrai our	b	Membership dues	L	1 b					
s, C		Fundraising events	<u> </u>	1 c					
Giff lar		Related organizations		1 d					
si imi	е	Government grants (contributions	s) <u> </u>	1 e			1		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grant similar amounts not included above	ts, and ve	1f	1,526,466.				
ng:	g	Noncash contributions included in	ı lınes 1a-1	f\$	15,780.			*	
<u>ဗ</u>	h	Total. Add lines 1a-1f				1,526,466.		*	
Program Service Revenue				Ĺ	Business Code				
<b>&amp;</b>	2 a								
ě	b								
ζį	С								
Š	d	 							
ω	е								
.jo		All other program service re							30 Sh 6 2
<u> </u>	g	Total. Add lines 2a-2f					~		
	3	Investment income (includir other similar amounts)	ng divide	nds, ı	interest and		_	_	1 255
		· ·				1,278.	0.	0.	1,278.
	4	Income from investment of							
	5	Royalties	(ı) Rea		(II) Personal	A 40 M 10 M	18 TS 8		
	6-	Cross roots	(I) Rea	'	(II) Fersonal				
		Gross rents					a andrew and the same of the same of	andre stragence s appearable to the second tradeble	
		Less rental expenses							
		Rental income or (loss)				neum meme u unu unu			
		Net rental income or (loss)	(i) Securit		(ii) Other				*. 9 < .
	7 a	Gross amount from sales of assets other than inventory	(i) occurre		(ii) Galei			· · · *·	* .
		·				* ,	,		
	b	Less cost or other basis and sales expenses							<u> </u>
	٫ ا	Gain or (loss)							
	ı	Net gain or (loss)	-				<u> </u>		
9	l .	Gross income from fundrais	sing ever						
enue		(not including \$	ling 1c)						
<u>چ</u>					_				
<u>.</u>	١.	See Part IV, line 18 b Less direct expenses			a				
Other Rev		: Net income or (loss) from fi			b				
0		` '		•	51115				
		Gross income from gaming See Part IV, line 19		:	a				
	l	Less direct expenses			b				-
	C	: Net income or (loss) from g	jaming a	ctivitie	es •				
		Gross sales of inventory, le and allowances			а				
		Less. cost of goods sold .			b			,	
	С	Net income or (loss) from s	ales of in	vent					
		Miscellaneous Revenue			Business Code	}		-	
	11 a								
	6	) <b></b>				<del>  -</del>	-		1
	۹ ا						-		-
		All other revenue				ļ			ļ
	l	Total. Add lines 11a-11d					-	ļ	ļ
DAA	12	Total revenue. See instruc	ctions .			1,527,744.	0.	0.	1,278.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX									
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	170,643.	170,643.		111111111111111111111111111111111111111					
2	Grants and other assistance to domestic individuals See Part IV, line 22	•								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	85,423.	61,484.	14,752.	9,187.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				-					
7	Other salaries and wages	328,875.	236,710.	56,796.	35,369.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	020,0.0.	200,720.	307,301	337333.					
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
a	Management	47,873.	14,435.	21,078.	12,360.					
t	Legal									
	; Accounting									
	Lobbying									
•	Professional fundraising services See Part IV, line 17 .			٠.						
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,780.	12,624.	3,156.	0.					
12	Advertising and promotion	4,891.	978.	3,913.	0.					
13	Office expenses	1,860.	0.	1,860.	0.					
14	Information technology									
15	Royalties									
16	Occupancy	<u> 25,380.</u>	17,971.	3,370.	4,039.					
17	Travel	24,902.	22,412.	0.	2,490.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		;							
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	13,745.	12,944.	801.	0.					
23	Insurance	16,156.	16,156.	0.	0.					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
ā	EVENTS/AWARDS	63,517.	50,233.	9,963.	3,321.					
_	SUPPLIES	544.	436.	81.	27.					
	POSTAGE/SHIPPING	1,644.	1,315.	247.	82.					
	BANK/CREDIT CARD FEES	14,753.	. 0.	14,753.	0.					
	All other expenses	80,819.	64,019.	15,062.	1,738.					
25	Total functional expenses Add lines 1 through 24e.	896,805.	682,360.	145,832.	68,613.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here  if following SOP 98-2 (ASC 958-720)									

Form 990 (2016) THE SIDE-OUT FOUNDATION
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
Т	1	Cash – non-interest-bearing	3,084,914.	1	3,161,052.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	80,101.	3	120,770.
- 1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
&	9	Prepaid expenses and deferred charges		9	3,252.
	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D	× ,		
i	ь	Less accumulated depreciation	11,893.	10 c	<u>82,645.</u>
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,817.	15	1,817.
Ì	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,184,115.	16	3,369,536.
$\dashv$	17	Accounts payable and accrued expenses	54,044.	17	1,975.
	18	Grants payable	425,769.	18	32,320.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20_	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	Little Li	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	479,813.	26	34,295.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete			
8		lines 27 through 29, and lines 33 and 34.	***************************************	- <u></u>	
	27	Unrestricted net assets		27	
Ĩ	28	Temporanly restricted net assets		28	ļ
Ā	29	Permanently restricted net assets		29	
or Fund Balan		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30_	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32		2,704,302.	32	3,335,241
<u>.</u>	33	Total net assets or fund balances	2,704,302.	33_	3,335,241
Z	34	Total liabilities and net assets/fund balances	3,184,115.	34	3,369,536
BA					Form <b>990</b> (2016

Forn	n 990 (2016) THE SIDE-OUT FOUNDATION 20-	251 <u>0</u> 044		Page 12
Pai	rt·XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,527	7,744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	896	5,805.
3	Revenue less expenses Subtract line 2 from line 1	3	630	939.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,704	302.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1		
5 V 8	column (B))	10	3 <u>,33</u> 5	241.
Pai	TEXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>    </u>
			Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	ın Schedule O		, was ville .	
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
ŀ	ы Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	.+		
•	review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	ff the organization changed either its oversight process or selection process during the tax year, explain— ———————————————————————————————————		4	
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at	udit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Ь	
BAA			Form 99	<b>90</b> (2016)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Maine C		o organization						Employer identifica	don number
		IDE-OUT FOUNDATION						20-251004	
Part	ł	Reason for Public Cha	rity Status (All or	ganizations	must co	omplete	this p	art.) See instruction	is.
The or	gai	nization is not a private foundati	ion because it is. (For I	ines 1 through	n 12, checl	k only on	e box)		
1		A church, convention of church	nes, or association of c	hurches desc	rıbed ın <b>se</b>	ction 17	0(b)(1)(	A)(i).	
2	П	A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E	(Form 990	0 or 990-	EZ))		
3	П	A hospital or a cooperative hos	spital service organizat	on described	ın section	170(b)(	1)(A)(iii	).	
4	H	A medical research organization							ne hospital's
	_	name, city, and state			•				
5	∐ —	An organization operated for the section 170(b)(1)(A)(iv). (Con	ne benefit of a college on mplete Part II.)	or university o	wned or o	perated b	y a gov	ernmental unit described	l in
6 7		A federal, state, or local govern	ŭ			•		•	
•	╚	An organization that normally rules in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II)	part of its supp	oort from a	governm	nental ui	nit or from the general pu	iblic described
8	Ш	A community trust described in	section 170(b)(1)(A)	(vi). (Complet	e Part II)				
9		An agricultural research organ	ization described in <b>se</b>	ction 170(b)(	1)(A)(ix) o	perated i	n conjur	nction with a land-grant o	ollege
	ш	or university or a non-land-grai	nt college of agriculture	e (see instruct	ions) Ente	er the nar	ne, city,	and state of the college	or
		university							
10	X	An organization that normally r from activities related to its exe investment income and unrela June 30, 1975 See section 5	empt functions—subjected business taxable in 09(a)(2). (Complete Pa	t to certain ex icome (less se irt III )	ceptions, a ection 511	and (2) no tax) from	more to busine	han 33-1/3% of its supposses acquired by the org	ort from gross
11	Ш	An organization organized and	l operated exclusively t	to test for pub	lic safety S	See <b>sect</b>	ion 509	(a)(4).	
12	Ц	An organization organized and or more publicly supported org	anizations described in	n section 509	(a)(1) or se	ection 50	09(a)(2).	. See section 509(a)(3).	irposes of one Check the box in
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	ion operated, supervisingularly appoint or elec	ed, or controll	ed by its si	upported	organiz	ation(s), typically by givin	ng the supported tion You must
ь		Type II. A supporting organiza management of the supporting must complete Part IV, Sections A	tion supervised or cont organization vested in						
c		Type III functionally integrat organization(s) (see instruction	ed. A supporting organ	iization operat	ted in conn	ection w	ith, and	functionally integrated w	ith, its supported
d		Type III non-functionally inte functionally integrated The org instructions) You must comp	grated. A supporting or ganization generally milete Part IV. Sections	organization o ust satisfy a d <b>A and D. and</b>	perated in istribution i	connecti requirem	on with ent and	its supported organization an attentiveness require	n(s) that is not ment (see
e		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination	from the If				
f	En	nter the number of supported or							
g	Pι	ovide the following information a	about the supported or	ganızatıon(s)					
(	) Na	ame of supported organization	(ii) EIN	(iii) Type of ord (described on I above (see insi	ines 1-10	(IV) is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
37				-				-	
(B)									
(C)									
10/									<del></del>
(D)									
(E)									
Total									

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support						
Cale:	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	٠	~	4 4		* * * * * * * * * * * * * * * * * * * *	
6	Public support. Subtract line 5 from line 4		· / ×			,	
Sec	tion B. Total Support			, , , ,			
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	~~ -	*	<del></del>			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ictions)			12	
13	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 201						<u>%</u>
15	Public support percentage from 20	)15 Schedule A, Pa	art II, line 14			15	<u>%</u>
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box cly supported organ	on line 13, and lin	ie 14 is 33-1/3% or	more, check this be	ox ► []
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box or cly supported orga	n line 13 or 16a, ar nization	nd line 15 is 33-1/3°	% or more, check th	nis box
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	est—2016. If the or eets the 'facts-and and-circumstances	ganization did not -circumstances' tes ' test The organiza	check a box on lings, check this box a stion qualifies as a	e 13, 16a, or 16b, a and <b>stop here</b> . Exp publicly supported	and line 14 is 10% Ilain in Part VI how organization	▶ []
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part VI how	the —
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns▶ 🗍

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Griss racety ship fees dear you will state the state of	Sect	ion A. Public Support						
Cores receipts from admissions   1,320,485   1,450,335   1,589,795   1,394,112   1,526,466   7,281,193			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Cores receipts from admissions   1,320,485   1,450,335   1,589,795   1,394,112   1,526,466   7,281,193	1	Gifts, grants, contributions, and membership fees						
2 Gross receipts from admissions, merchanolise sold or services prunished in any activity that is related to the organization's tax-evempt purpose		received (Do not include	1 200 405	1 450 225	1 500 705	1 204 112	1 500 400	7 201 102
merchandes sold or services performed, or facilities performed, or facilities performed, or facilities related to the organization purpose	2	- '	1,320,485.	1,450,335.	1,589,795.	1,394,112.	1,526,466.	1,281,193.
furnished in any activity that is related to the organizations is unlessed to the organizations is unlessed to the organizations is unlessed for the organizations is unlessed for the organizations benefit and encourage that are not on unrelated trade or business under section 513.  4 Tax revenues level for the organizations benefit and into the property of the organization of the organizati	-	merchandise sold or services						
related to the driganization's trace-exemply purpose								
Section B. Total Support (Subract line of Scotton B. Total Support (Subract line of Subrasses admiss section 5.1   1,320,485. 1,450,335. 1,589,795. 1,394,112. 1,526,466. 7,281,193.		related to the organization's						
that are not an unrelated trade or business under section \$13		tax-exempt purpose						
or business under section 513 .  1 Tax revenues leved for the organizations benefit and either paid to or expended on either paid to or expended on facilities from whose classes.  5 Total. Add lines 1 through 5 .  8 Announts included on lines 2 and 3 received for other than disqualified persons at 3 received from other than disqualified persons.  5 Datal. Add lines 1 through 5 .  8 Public support. (Subtract line 5 .  9 Amounts from line 6 .  1 320, 485 . 1, 450, 335 . 1, 589, 795 . 1, 394, 112 . 1, 526, 466 . 7, 281, 193.  8 Public support. (Subtract line 6 .  1 320, 485 . 1, 450, 335 . 1, 589, 795 . 1, 394, 112 . 1, 526, 466 . 7, 281, 193.  8 Public support. (Subtract line 6 .  2 498 . 1, 424 . 1, 115 . 1, 494 . 1, 278 . 7, 889.  b Urrelated business taxable income (loss section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10 and 10 b .  2 498 . 1, 424 . 1, 115 . 1, 494 . 1, 278 . 7, 889.  b Urrelated business taxable income (loss section 511 taxes) from businesses whether or not line business sequenced after June 30, 1975 .  c Add lines 10 and 10 b .  2 498 . 1, 424 . 1, 115 . 1, 494 . 1, 278 . 7, 889.  b Urrelated business taxable income (loss section 511 taxes) from businesses whether or not line business sequenced after June 30, 1975 .  c Add lines 10 and 10 b .  2 498 . 1, 424 . 1, 115 . 1, 494 . 1, 278 . 7, 899.  b Urrelated business taxable income (loss section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10 and 10 b .  2 498 . 1, 424 . 1, 115 . 1, 494 . 1, 278 . 7, 899.  b Urrelated business taxable income (loss section 501 (cit)) from the section of the	3					!		
organization's benefit and either part to or expended on its behalf								
seliher paid to or expended on its behalf s	4	Tax revenues levied for the						
the behalf			-					
5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5								
Governmental unit to the organization without charge.   1,320,485. 1,450,335. 1,589,795. 1,394,112. 1,526,466. 7,281,193.	5							
6 Total. Add lines 1 through 5 1, 320, 485. 1, 450, 335. 1, 589, 795. 1, 394, 112. 1, 526, 466. 7, 281, 193.         7, 281, 193.           7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons 1 2 403 are served from other than disqualified persons 1 4 4 4 4 4 4 4								
7, 281, 193.  A mounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 or the year.  C Add lines 72 and 7 b  Public support. (Subtract line 75 from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) Part (2), 1, 320, 485, 1, 450, 335, 1, 589, 795, 1, 394, 112, 1, 526, 466, 7, 281, 193.  Section B. Total Support  Calendar year (or fiscal year beginning in) Part (2), 1, 320, 485, 1, 450, 335, 1, 589, 795, 1, 394, 112, 1, 526, 466, 7, 281, 193.  Section B. Total Support  Calendar year (or fiscal year beginning in) Part (2), 1, 320, 485, 1, 450, 335, 1, 589, 795, 1, 394, 112, 1, 526, 466, 7, 281, 193.  Calendar year (or fiscal year beginning in) Part (2), 1, 320, 485, 1, 450, 335, 1, 589, 795, 1, 394, 112, 1, 526, 466, 7, 281, 193.  Calendar year (or fiscal year beginning in) Part (3), 2012, 498, 1, 424, 1, 115, 1, 494, 1, 278, 7, 809, 1, 498, 1, 424, 1, 115, 1, 494, 1, 278, 7, 809, 1, 498, 1, 424, 1, 115, 1, 494, 1, 278, 7, 809, 1, 498, 1, 424, 1, 115, 1, 494, 1, 278, 7, 809, 1, 498, 1, 424, 1, 115, 1, 494, 1, 278, 7, 809, 1, 498, 1, 498, 1, 424, 1, 115, 1, 494, 1, 278, 7, 809, 1, 498, 1, 498, 1, 494, 1, 278, 1, 27								
2, and 3 received from disqualified persons	6	Total. Add lines 1 through 5	1,320,485.	1,450,335.	1,589,795.	1,394,112.	1,526,466.	7,281,193.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	7a							i
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6).  9 Amounts from line 6.  10 Ago 12 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 2016 (a) 2016 (g) Total 2016 (g) 2016								
and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	b	. ,				<u> </u>		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		and 3 received from other than						
1								
Exection B. Total Support  Calendar year (or fiscal year beginning m) ►  A mounts from line 6  1, 320, 485  1, 450, 335  1, 589, 795  1, 394, 112  1, 526, 466  7, 281, 193.  10a Gross ncome from interest, dividends, payments received on securities loans, rerist, orgalizes and income from similar sources  D Unrelated business taxable income (less section \$11\$ taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  2, 498  1, 424  1, 115  1, 494  1, 278  7, 809  We have not included in line 10b, whether or not the business is regularly carried on  10 Other income Do not included gain or loss from the sale of capital assets (Explain in Part VI)  13 Total support, (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 19a 33-1/3% support tests—2016. If the organization od into not he box and stop here. The organization qualifies as a publicly supported organization    X   X   X   X   X   X   X   X   X		1% of the amount on line 13						
8 Public support. (Subtract line 7, 281, 193.  Section B. Total Support  Calendar year (or fiscal year beginning m) 9  9 Amounts from line 6		•				<del></del>		
7, 281, 193.   7, 2				1 % 2	888.0	1. 1. 7	****	
Calendar year (or fiscal year beginning in)   Calendar year (or fiscal year)   Cale					STORE SHAWAR AND GRAND COMMENTS			- 7.281-193-
Calendar year (or fiscal year beginning in)   (a) 2012   (b) 2013   (c) 2014   (d) 2015   (e) 2016   (f) Total     Amounts from line 6	Sec		<u>.</u>	<u> </u>	<u></u>	*		
9 Amounts from line 6			(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a Gross income from interest, dividends, payments received on secunities loans, rents, royalties and income from smilar sources		, , , , , , , , , , , , , , , , , , , ,				1,394,112,		7,281,193.
refits, royalties and income from similar sources			1,320,1000	1,100,000				· · · · · ·
Similar sources   1,498   1,424   1,115   1,494   1,278   7,809								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b 2, 498. 1, 424. 1, 115. 1, 494. 1, 278. 7, 809.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			2.498	1.424.	1.115.	1,494.	1,278.	7,809.
taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b	ь				1	•		
acquired after June 30, 1975 . c Add lines 10a and 10b								
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
activities not included in line 10b, whether or not the business is regularly carried on			2,498.	1,424.	1,115.	1,494.	1,278.	7,809.
whether or not the business is regularly carried on	11							
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12)								
gain or loss from the sale of capital assets (Explain in Part VI.)						ļ		
Capital assets (Explain in Part VI.)	12							
Total support. (Add lines 9, 10c, 11, and 12)		čapital assets (Explain in			ļ		Í	
10c, 11, and 12)	40	•		<u> </u>				
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))		10c, 11, and 12)	1,322,983.	$ _{1,451,759}$ .	1,590,910.	1,395,606.	1,527,744.	7,289,002.
Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	14	First five years. If the Form 990	is for the organizat	on's first, second,	third, fourth, or fiftl	h tax year as a sec	tion 501(c)(3)	
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))					<del> <u> </u></del>	<u></u>	<u> </u>	
Public support percentage from 2015 Schedule A, Part III, line 15					01 (0)			T 0.
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))								
Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))							16	99.84 5
Investment income percentage from 2015 Schedule A, Part III, line 17						<u></u>	14-	
19a 33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								0.16 8
b 33-1/3% support tests – 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a							
line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33-1/3%,	check this box and	d <b>stop here</b> . The c	rganızatıon qualıfi	es as a publicly sup	oported organization	on ▶ [_
	20	Private foundation. If the organi	zation did not chec	k a box on line 14,	19a, or 19b, chec	k this box and see	instructions	<u></u> <u>▶</u> [_

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections À and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations
----------------	------------	---------------

- Νo Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe 1 the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use 3с 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5с Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8
  - complete Part I of Schedule L (Form 990 or 990-EZ)
- ga Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

9a

9b

9c

10a

10b

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11		ne organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		ning body of a supported organization?	11a		
	<b>b</b> A fam	uly member of a person described in (a) above?	11b		
	<b>c</b> A 35%	6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	or ele <b>Part \</b> If the direct	to directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	 1		
_		' ' '			
	that o benef	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees the of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1	,nk.	
Sed	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the inzation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the inzation's governing documents in effect on the date of notification, to the extent not previously provided?	1		į
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how ganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at les during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard	<u>-</u>		, ,
Sec	ction E	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a	he organization satisfied the Activities Test Complete line 2 below			
	=	the organization is the parent of each of its supported organizations. Complete line 3 below			
	$\equiv$	the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	onel		
	<b>с</b> П .	the diganization supported a governmental entity. Describe in Fart VI now you supported a government entity (see instruction	uliaj		
2	Activi	ties Test Answer (a) and (b) below.		Yes	No
	suppo orgai respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a		Annual and a second
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the inzation's involvement	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orded organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		-

Sche	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	nanizati	20-25	10044 Page <b>6</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov 20,	1970 (explain in Part V	l) <b>See</b> th E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	<del></del>	
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			***
a	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
- 4 - ——	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	- 4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035.	6		
_7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	!		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		1

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

3 4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

BAA

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	tions (continued)	•
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ation is responsive (provide	e details	18
9	Distributable amount for 2016 from Section C, line 6	<del>-</del>		
10	Line 8 amount divided by Line 9 amount			-
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions	,		
3	Excess distributions carryover, if any, to 2016			,",
а		, , ,		***
b		**	<i>*</i>	* '
С	From 2013	⋄.	ra .	* 44 4 44 44 44 4
d	From 2014			` <b>*</b> \$. }
е	From 2015	2	11 12 % . 29	
f	Total of lines 3a through e		. , 44	
g	Applied to underdistributions of prior years			¥
h	Applied to 2016 distributable amount	164 mi	*3	
i	Carryover from 2011 not applied (see instructions)	* ; *	* 🐪	<b>X</b> 7 3.
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			* * * * ,
4	Distributions for 2016 from Section D.		, ,	^
	line 7 \$		*	~! 
а	Applied to underdistributions of prior years			_
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			
а	0.000			· · · · · · · · · · · · · · · · · · ·
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			-
	Excess from 2016	1		

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

orm990. Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	THE SIDE-OUT FOUNDATION			20-2510044	
Par	Organizations Maintaining Donor	Advised Funds or Oth	er Similar Fund		<del></del>
<u>.                                    </u>	Complete if the organization answere	ed 'Yes' on Form 990, F	Part IV, line 6.		_
	T	(a) Donor advised t	funds	(b) Funds and other account	s
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adare the organization's property, subject to the organ	visors in writing that the asse ization's exclusive legal cont	ets held in donor advi irol?	sed funds	No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	donor or donor advisor, or f	or any other purpose	conferring	— □ No
Dar	t II Conservation Easements.				
<u>(rai</u>	Complete if the organization answere	ed 'Yes' on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the o				
	Preservation of land for public use (e.g., recreat			historically important land area	
	Protection of natural habitat	·	Preservation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation co	ontribution in the form	of a conservation easement on th	e
	last day of the tax year				
				Held at the End of the	Tax Year
	a Total number of conservation easements			2a	
	o Total acreage restricted by conservation easements			2 b	
	Number of conservation easements on a certified hi	·	•	2 c	
(	I Number of conservation easements included in (c) a structure listed in the National Register	acquired after 8/17/06, and n	ot on a historic	2 d	
3	Number of conservation easements modified, transf			<del></del>	
	tax year ►	eten aggregated >			
4	Number of states where property subject to conserv				
5	Does the organization have a written policy regarding and enforcement of the conservation easements it have a written policy regarding and enforcement of the conservation easements it have a written policy regarding the	nolds?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, ins				ear
7	Amount of expenses incurred in monitoring, inspect		_		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requir	rements of section 17	0(h)(4)(B)(ı) Yes	No No
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to the conservation easements	onservation easements in its organization's financial state	s revenue and expens ments that describes	se statement, and balance sheet, a the organization's accounting for	and
Pai		ions of Art, Historical ed 'Yes' on Form 990, I	Treasures, or C Part IV, line 8.	Other Similar Assets.	
1:	a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial sta	for public exhibition, educati	ion, or research in fur	ement and balance sheet works of therance of public service, provide	<del>,</del> <del>,</del>
!	b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items	S 116 (ASC 958), to report in public exhibition, education,	n its revenue stateme or research in further	nt and balance sheet works of art, ance of public service, provide the	•
	(i) Revenue included on Form 990, Part VIII, line 1	1		▶ \$	
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, his amounts required to be reported under SFAS 116 (	ASC 958) relating to these it	ems		
	a Revenue included on Form 990, Part VIII, line 1 .			▶ \$	
ı	b Assets included in Form 990, Part X				

Part III   Organizations Maintaining Coll	ections of Art, Hi	storical T	reasures, or	Other Similar Ass	ets (cc	ntınu	ed)
3 Using the organization's acquisition, accession, items (check all that apply)	and other records, che	eck any of the	e following that ar	e a significant use of its	collection	on	
a Public exhibition	<b>d</b> Los	an or exchan	ge programs				
<b>b</b> Scholarly research	e 🗌 Oti	her					
c Preservation for future generations							
4 Provide a description of the organization's collect Part XIII	ctions and explain how	they further	the organization's	exempt purpose in			
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maint	ained as part of the org	ganization's c	collection?		Yes		No
Part IV   Escrow and Custodial Arrange line 9, or reported an amount on I	ments. Complete Form 990, Part X,	If the orga line 21.	nization answ	ered 'Yes' on Form	990, F	art IV	·,
Is the organization an agent, trustee, custodian on Form 990, Part X?      If 'Yes,' explain the arrangement in Part XIII and			ns or other asset	s not included	Yes		No
2 ii 700, oxpidiii iii dirangement iii direxiii dire	i complete the tellering	y labic			Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			***
e Distributions during the year				1 e			
f Ending balance				1 f			
2 a Did the organization include an amount on Form	n 990, Part X, line 21, f	or escrow or	custodial accoun	t liability?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII. Ch	eck here if the explana	ition has bee	n provided on Pa	rt XIII	<del>-</del>	[	]
			<del></del>				
Part V   Endowment Funds. Complete if					Ĭ		
(a) Curren	year (b) Prior	year (	(c) Two years back	(d) Three years back	(e) Fo	ur years	back
1 a Beginning of year balance b Contributions							
b Contributions							
c Net investment earnings, gains, and losses							
a Grante of Scholarompo 1 1 1 1					-		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance	<u> </u>		<del>-</del> -				
2 Provide the estimated percentage of the current	year end balance (line	e 1g, column	(a)) held as				
a Board designated or quasi-endowment	<del>,</del> %						
	6						
c Temporarily restricted endowment ►	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
The percentages on lines 2a, 2b, and 2c should	•						
3 a Are there endowment funds not in the possession organization by	on of the organization t	hat are held	and administered	for the	Г	Yes	No
(i) unrelated organizations					3a(i)	163	
(ii) related organizations					3a(ii)	-	
<b>b</b> If 'Yes' on line 3a(ii), are the related organization					<del>- ` ` +</del>		
4 Describe in Part XIII the intended uses of the or					1 4 1		
Part ∛l <sup>⊗</sup> Land, Buildings, and Equipmer	<del></del>			**			
Complete if the organization answ		m 990, Pa	rt IV, line 11a.	See Form 990, Pa	art X, In	ne 10.	•
Description of property	(a) Cost or other basis		ost or other is (other)	(c) Accumulated depreciation	( <b>d</b> ) B	ook val	ue
1 a Land	<del>                                     </del>	-		277.00.000			
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment			265,541.	190,140.		75,	401.
e Other			18,732.	11,488.			244.
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, c	olumn (B), lırı					645.
BAA					le D (Fo		

Part VII	Investments — Other Securities.	Vas' on Form 000	Port IV line 44h, Coe Form 000, Port V line 40
(a) Desc	cription of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
	al derivatives	(2) 2001 10:00	(c) Method of Valuation Cost of end-of-year market Value
` '	r-held equity interests		
(3) Other			
(A)			
(B)			
(C)	<b>-</b>		
(D)	<del></del>		
(E)	<del></del>		
(F) (G)	<del>-</del>		
(H)	<b>-</b>	<del></del> -	
(1)	<b></b>		
Total			
Part VIII	Investments – Program Related.		
	(a) Description of investment		Part IV, line 11c. See Form 990, Part X, line 13.
(1)	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(2)	<del></del>		
(3)		-	<del></del>
(4)			
(5)			
(6)			
(7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)			
<u>(10)</u>			
Total. Part IX	Other Assets.	<u> </u>	
	Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line 15.
(1)	(a) De	scription	(b) Book value
(2)		<del></del>	
(3)		<del> </del>	
_(4)		-	
<u>(5)</u>		-	
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
	lumn (b) must equal Form 990, Part X, column (B) l	ıne 15)	
Part X	Other Liabilities.	000 D-4 N/ L - 4	14 446 C E 000 D 1 V II 05
-	Complete if the organization answered 'Yes' on F  (a) Description of liability	(b) Book value	
(1) Fede	ral income taxes	(b) Book value	<del></del>
(2)			
(3)			
(4)		-	<u> </u>
(5) (6)			$\rightarrow$
(7)			
(8)			
(9)			
(10)			
<u>(11)</u>			<del> </del>
Total  2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fina	ancial statements that reports the organization's liability for uncertain
tax positions (	under FIN 48 (ASC 740) Check here if the text of the footnote i	has been provided in Part XII	II

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments
a Net unrealized gains (losses) on investments
b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIII )
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII )
c Add lines 4a and 4b
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
1 Total expenses and losses per audited financial statements
2 Amounts included on line 1 but not on Form 990, Part IX, line 25
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII )
- C Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

### SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

	SIDE-OUT FOUNDATION			120-	251004	<u>+</u>		
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of d contrib	) etermini oution ar	ng nounts
1	Art – Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests						·	
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							-
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities — Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities – Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other			<u> </u>	<del> </del>			
15	Real estate — Residential							
16	Real estate — Commercial							
-17-	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							-
23	Scientific specimens			<del></del>	<del>                                     </del>			
24	Archeological artifacts				<del>                                     </del>			
	- }			-	<del> </del>		-	
25	Other () .		<u>.</u> .		<del>                                     </del>			-
26	Other () .				<del></del>			
27	Other () .				├──			
28	- Carlot · · · · · · · · · · · · · · · · · · ·				$\vdash$			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A				20			
	organization completed Form 6200, Fait 19, Dones A	ckilowiedgei	nent		29		V	A1-
					ſ	$\dashv$	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?								 X
ь	b If 'Yes,' describe the arrangement in Part II							
31								Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32 a		х
b	If 'Yes,' describe in Part II				1			
	If the organization didn't report an amount in column describe in Part II	(c) for a type	of property for which co	olumn (a) is checked,				

Schedule M (Form 990) (2016)

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number 20-2510044			
THE SIDE-OUT FOUN				
Pt VI, Line 2	BRYANT DUNETZ AND RICK DUNETZ ARE RELATED.			
Pt VI, Line 11b	EXECUTIVE DIRECTOR AND COO REVIEW THE RETURN.			
	WRITTEN CONFLICT OF INTEREST POLICY IS IN PLACE A	AND MONITORED AT ALL		
Pt VI, Line 12c	LEVELS OF THE ORGANIZATION.			
	THE BOARD REVIEWS AND APPROVES COMPENSATION FOR A	ALL LEADERSHIP		
Pt VI, Line 15a	POSITIONS.			
	THE BOARD REVIEWS AND APPROVES COMPENSATION FOR A	ALL MANAGEMENT		
Pt VI, Line 15b	POSITIONS.			